

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030259

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

378

VS 300
Rev. 4/59

1 0168
2 0730

3

4 3

5 1

6

7 1

8 2

9 587.0

10

11

12 3-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY NEW MADRID | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) CAPE GIRARDEAU | | c. CITY OR TOWN MATTHEWS, R.I. Bx 91 | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So East Mo. Hospital | | d. STREET ADDRESS 61416 NO F NEW MADRID | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ESSIE Middle V. Last SCOTT | | 4. DATE OF DEATH Month Aug Day 19 Year 1962 | |
| 5. SEX FEMALE | 6. COLOR OR RACE Colored | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Sept-8-1907 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY — | 9. AGE (last birthday) 55 |
| 11. BIRTHPLACE (City and state or country) TEXN. U.S.A. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME SHERMAN REED | | 13b. MOTHER'S MAIDEN NAME ROSENA MUFFARD | |
| 14. NAME OF HUSBAND OR WIFE ROBERT SCOTT | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | |
| 16. SOCIAL SECURITY NO. No | | 17. INFORMANT ST Robert Scott MATTHEWS, MO | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic coma, Krimia DUE TO (b) (Cirrhosis of Liver (Biliary Type).) DUE TO (c) (Pancreatitis) | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 9:30 a.m. Month, Day, Year July 21, 1962 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION NEW MADRID, MO. | |
| 21. I attended the deceased from July 21, 1962 to Aug. 19, 1962 and last saw her/him alive on Aug. 19, 1962 | | Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE William M. Estes M.D. | | 22b. ADDRESS 714 Broadway | |
| 22c. DATE SIGNED Mo. 8-25-62 | | 22d. LOCATION (City, town, or county) NEW MADRID, MO. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 8/22/62 | 23c. NAME OF CEMETERY OR CREMATORY SAND HILL | 23d. LOCATION (City, town, or county) NEW MADRID, MO. |
| 24. FUNERAL DIRECTOR Richard's Funeral Home, New Madrid | | 25. DATE RECD. BY LOCAL REG. 8-29-62 | |
| 26. REGISTRAR'S SIGNATURE James Hester | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

F. H. Hedgcock

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.